

**APPLICATION FOR PERMIT TO OPERATE BULK TANK
PICK-UP SYSTEM OF COLLECTING MILK**

1. Full name and address of dealer _____

2. Is dealer licensed to purchase milk in New Hampshire as required by RSA 434:41? _____

3. Driver _____
Name Address Weigher & Sampler
Lic. No.

4. Relief
Driver _____
Name Address Weigher & Sampler
Lic. No.

5. List of producers. (Use back or separate sheet if necessary.)

NAME

ADDRESS

6. Route designation _____

I hereby agree to notify the New Hampshire Department of Agriculture, Markets & Food of any changes of drivers.

I declare the above statements are true under the penalties of perjury.

Date

Signature

Make checks payable to: Treasurer, State of New Hampshire. Fee of \$5 must accompany application. Mail to: Office of Commissioner, NH Department of Agriculture, Markets & Food, PO Box 2042, Concord, NH 03302-2042.